



# Maricopa County

Business Strategies and Health Care Programs

Employee Benefits Division  
301 W. Jefferson St.,  
Ste. 3200  
Phoenix, Arizona 85003-2143  
Phone: (602) 506-1010  
Fax: (602) 506-2354  
[www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)

Starting January 1, 2005, ID cards from your health, dental and pharmacy insurance carriers will no longer contain your Social Security number (SSN). Carriers will print only the last four digits of your SSN, a unique number or no ID number on your ID card.

If you are participating in the Flexible Spending Account plan or Group Legal plan, the vendor requires your social security number. If you do not want your social security number sent to the Flexible Spending Account or Group Legal vendor, you should not enroll in these voluntary benefits.

The MEDICARE SECONDARY PAYER MANDATORY INSURER REPORTING REQUIREMENTS OF SECT 1111 OF THE MEDICARE, MEDICAID, AND SCHIP EXTENSION ACT OF 2007 requires the collection and reporting of the Social Security Number (or Medicare Health Insurance Claim Number "HICN") from active covered individuals. Active covered individuals are:

- (1) employees and covered family members age 45 to 64,
- (2) employees and covered spouses age 65 and older,
- (3) employees and covered dependents who receive kidney dialysis or have a kidney transplant, and
- (4) any covered individual that the plan sponsor knows to be entitled to Medicare.

If you decide you do not want your SSN sent to CIGNA and are not included in the list above, you must complete the form on the other side so that an alternate ID number can be assigned.

Please read the form carefully to ensure that you are aware of the implications associated with your alternative identification number request.

If, after learning of the implications, you still want an alternative ID number assigned to you, please print your name legibly, sign and date the form.

Fax the completed form to 602-506-2354 or mail to:

Maricopa County, Business Strategies  
and Health Care Programs Department  
Employee Benefits Division  
301 W. Jefferson St., Suite 3200  
Phoenix, AZ 85003

If you have any questions, please call 602-506-1010.

Employee Name (Please Print) \_\_\_\_\_

Employee ID # (Please Print) \_\_\_\_\_

Subject: Request for Cigna-assigned Identification Number

Thank you for your recent request for a Cigna HealthCare-assigned identification number.

Please be aware that Social Security numbers are the most reliable means of identifying an individual. One way we hope to achieve this identification is by requesting that participants provide their Social Security numbers. This helps ensure all the information we receive from you in the course of administering benefits remains uniquely yours.

With your best interest in mind, we must inform you of some of the potential issues associated with the use of an alternative identification number.

- The alternative identification number may match another individual's Social Security number or an alternative identification number issued by another company.
- It does not eliminate the possibility of an individual accessing or misusing information related to that number.
- Because alternative identification numbers are assigned in a non-random system, they are more susceptible to fraud, thus increasing the risk of uncovering your confidential information.

To reduce the many uncertainties associated with having an alternative identification number, we suggest you use your unique Social Security number. While we recognize your concerns, Cigna HealthCare takes all necessary precautions to ensure the confidentiality and security of your Social Security number.

Should you still wish Cigna HealthCare to assign you an alternative identification number, please sign, date and return this form.

I, \_\_\_\_\_, request that Cigna HealthCare assign an alternative identification number to me. I am aware of the potential impacts identified in this letter associated with the use of an identification number other than my Social Security number.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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